WAR 10 2005 SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION NEORMATION

Application Type:: REGULAR Subject Matter:: UTILITY CD-ROM or CD-R?:: NONE

Title:: DIAMINE DERIVATIVES

Attorney Docket Number:: 248475US0CIP

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN

Status:: FULL CAPACITY

Given Name:: Toshiharu
Family Name:: OHTA
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Street of Mailing Address:: c/o Daiichi Pharmaceutical Co., Ltd.,

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City of Mailing Address:: Tokyo
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Postal or Zip Code of Mailing Address:: 134-8360

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: JAPAN

Status:: FULL CAPACITY

Given Name:: Satoshi
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Applicant Authority Type:: **INVENTOR** Primary Citizenship Country:: JAPAN

Status:: **FULL CAPACITY**

Given Name:: Toshiharu Family Name:: YOSHINO

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Applicant Authority Type:: INVENTOR JAPAN

Primary Citizenship Country::

FULL CAPACITY Status::

Kouichi Given Name:: UOTO Family Name:: Tokyo City of Residence:: **JAPAN** Country of Residence::

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Applicant Authority Type:: INVENTOR Primary Citizenship Country:: JAPAN

Status:: **FULL CAPACITY**

Given Name:: Yumi

Family Name:: **NAKAMOTO**

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Status:: FULL CAPACITY

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Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN

Status:: FULL CAPACITY

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Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: JAPAN
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Given Name:: Tsutomu
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Applicant Authority Type:: INVENTOR
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Status:: FULL CAPACITY

Given Name:: Hideyuki
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Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN

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Given Name:: Noriyasu
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Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: JAPAN

Status:: FULL CAPACITY
Given Name:: Kenji

Family Name:: YOSHIKAWA

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Applicant Authority Type::

Primary Citizenship Country::

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INVENTOR

Status::

FULL CAPACITY

Given Name::

Masatoshi

Family Name::

NAGAMOCHI

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Country of Residence::

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Country of Mailing Address:: Postal or Zip Code of Mailing Address::

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Applicant Authority Type::

INVENTOR

Primary Citizenship Country::

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Status:: Given Name:: **FULL CAPACITY** Syozo

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Country of Mailing Address::

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Applicant Authority Type::

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Primary Citizenship Country:: Status::

FULL CAPACITY

Given Name::

Makoto

Family Name::

ONO

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Country of Residence::

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Postal or Zip Code of Mailing Address::

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CORRESPONDENCE INFORMATION

Correspondence Customer Number::

22850

REPRESENTATIVE INFORMATION

Representative Customer Number::

22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part	<u>10/481,629</u>	12/22/03
	of		
10/481,629	National Stage of	PCT/JP02/06141	06/20/02
PCT/JP02/06141	365(c) of	PCT/JP02/02683	03/20/02
This Application	Continuation-in-Part	PCT/JP02/08119	08/08/02
-	of		
PCT/JP02/08119	365(c) of	PCT/JP02/02683	03/20/02
PCT/JP02/08119	365(c) of	PCT/JP02/06141	06/20/02

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2001-187105	Japan	06/20/01	YES
2001-243046	Japan	08/09/01	YES
2001-311808	Japan	10/09/01	YES
2001-398708	Japan	12/28/01	YES

ASSIGNMENT INFORMATION

Assignee Name::

DAIICHI PHARMACEUTICAL CO., LTD.

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